

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>my</i> |        | 1-31-00  |
| O.I.P.E. CLASSIFIER       |           | 7      | 01-13-00 |
| FORMALITY REVIEW          | <i>BT</i> | 60245  | 1-31-00  |
| RESPONSE FORMALITY REVIEW |           |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | ✓    |
| 2     | ✓     | ✓        | ✓    |
| 3     | ✓     | ✓        | ✓    |
| 4     | ✓     | ✓        | ✓    |
| 5     | ✓     | ✓        | ✓    |
| 6     | ✓     | ✓        | ✓    |
| 7     | ✓     | ✓        | ✓    |
| 8     | ✓     | ✓        | ✓    |
| 9     | ✓     | ✓        | ✓    |
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| 50    | ✓     | ✓        | ✓    |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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